

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/530968	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/					51			
2	/		/				52			
3	/		/				53			
4	3		/				54			
5	0		/				55			
6	0		/				56			
7	0		/				57			
8	0		/				58			
9	0		/				59			
10	0		9				60			
11	0		9				61			
12	0		0				62			
13	0		0				63			
14	/		/				64			
15	/		/				65			
16	/		/				66			
17	3		/				67			
18	0		/				68			
19	0		/				69			
20	0		/				70			
21	0		/				71			
22	0		0				72			
23	0		0				73			
24	0		0				74			
25	0		0				75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		2				TOTAL IND.			
TOTAL DEP.	29	→	39	→		→	TOTAL DEP.	→	→	→
TOTAL CLAIMS	31	████	41	████	████	████	TOTAL CLAIMS	████	████	████